



# MaMoni

## Integrated Safe Motherhood, Newborn Care and Family Planning Project



### Annual Report

Submitted  
November 2, 2011



Save the Children

## List of Abbreviations

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
ACPR	Associates for Community Population Research
AED	Academy for Educational Development
A&T	Alive and Thrive
CAG	Community Action Group
CC	Community Clinic
CCMG	Community Clinic Management Group
CHW	Community Health Workers
CM	Community Mobilization/Community Mobilizer
CS	Civil Surgeon
CSM	Community Supervisor/Mobilizer
DDFP	Deputy Director, Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
EmOC	Emergency Obstetric Care
ENC	Essential Newborn Care
FIVDB	Friends in Village Development, Bangladesh
FPI	Family Planning Inspectors
FWA	Family Welfare Assistant
FWV	Family Welfare Visitors
GOB	Government of Bangladesh
ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
IYCF	Infant and Young Child Feeding
IMCI	Integrated Management of Childhood Illnesses
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MNH	Maternal and newborn health
MOH&FW	Ministry of Health and Family Welfare
MWRA	Married Women of Reproductive Age
PHC	Primary Health Care
PNC	Postnatal Care
SBA	Skilled Birth Attendant
SMC	Social Marketing Company
SSFP	Smiling Sun Franchise Project
TBA	Traditional birth attendant
UPHCP	Urban Primary Health Care Project

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## A. Introduction

The key themes to summarize twelve months of second year of operations for MaMoni- Integrated Safe Motherhood, Newborn Care and Family Planning Project would be speed, coverage and consolidating gains. This associate award under MCHIP rolled out key MNH-FP training activities in Sylhet and Habiganj to cover all health workers, and rolled out key interventions on the ground. Within the last quarters, the family planning interventions rolled out in Sylhet and up taken by families has been rapid. The results have been shared under sub-objective 3. Nutrition interventions are being piloted in two unions in Sylhet. The facility strengthening component of MaMoni is stronger in the last quarter of this fiscal year with new highlights and developments mentioned in the document.

This report highlights the key activities between October 2010 and September 2011.

## B. Key Activities

### *Startup Activities*

#### **Baseline surveys**

Baseline survey for both Sylhet and Habiganj has been completed. The final reports are ready and available.

Alive & Thrive conducted a baseline survey. The data collection began in June 2011 and the preliminary report is expected at the end of October, 2011.

#### **Phase Out components tested in Sylhet**

During July, August and September, MaMoni has phased out of different units of Balaganj, Jaintapur, Companiganj and GowainghatUpazila in Sylhet . Out of 286 Community Health Workers (CHWs) in Sylhet District, of MaMoni has systematically withdrawn 204 CHWs from the mentioned Upazilas and the list of eligible couples (ELCO) and pregnant women have been updated and handed over to the MOH&FW by September 2011. More than 80% of villages in these upazilas have active community action groups (CAGs), over 60% of which are run independently by volunteers. Over 1,100 depot holders have been oriented to sell clean delivery kits. Some of them are also selling ORS and other essential commodities. Local leaders and community elites recognized the contribution of MaMoni in improving the MNH-FP situation in Sylhet.

Post phase-out plan sharing meetings took place at the health department of the Civil Surgeon's Office and at the FP Department in Sylhetrespectively in mid-Augustand September to recognize the Health Assistants (HA) who performed jointly with MaMoni community health workers (CHWs).



Figure 1: MaMoni has formally handed over ELCO registers to FWAs in Tajpur and Gowalbazar union, Balaganj

## ***Objective 1: Increase knowledge, skills and practices of healthy maternal and neonatal behaviors in the home***

### **Community based workers skilled to deliver MaMoni package at household level**

MaMoni rolled out training on maternal, newborn health and family planning (MNH-FP), including hand washing for both Sylhet and Habiganj. Government field level workers (HA, FWA, others) and their supervisors (AHI, HI, FPI, etc.) were trained on a five day training package along with MaMoni's CHWs and their supervisors.

**Table-1: Summary of MNH-FP Training**

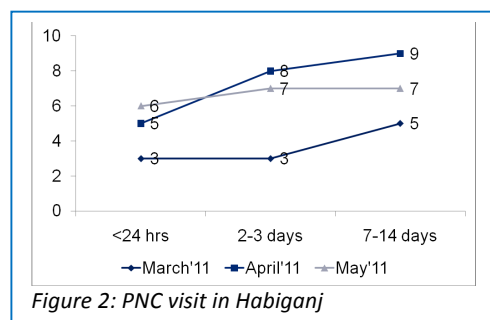
<b>Name of Training</b>	<b>Total for the Year</b>
Training on MNH-FP for GO-NGO service providers and supervisors	1363
Training on injectable contraceptive	284
Training on IYCF	407
Community Volunteer Orientation	13438
TBA Orientation Training	5293
Training on Emergency Triage and Treatment and Sick Newborn Care for doctors	14
Training on Supportive Supervision	98

In addition, MaMoni also trained all community mobilizers in Sylhet using the same package.

## MaMoni package delivered at household level by community based workers

In SylhetCHW working area has been redefined to mimic the 256 FWA operational units. 77 CHWs were deployed in place of 68 vacant FWAs, and support the FWVs at the satellite clinic and HAs in other MCH services. All CHWs added misoprostol and FP in their household counseling visits. Results of misoprostol and FP distribution are further explained in objective 2 and 3 respectively.

In Habiganj, government workers, mainly FWAs and HAs, are delivering MaMoni package at household level. MaMoni has deployed 41 CHWs and 14 paramedics in Habiganj to address the vacant positions. As the data on Figure 2 show, PNC visit in Habiganj has been less than ten per cent. MaMoni has discussed this issue with the district and upazila level managers in the quarterly review meeting held on May 11. The GOB managers agreed to emphasize this activity.



## Temporary workers provided to support vacant units in Habiganj

MaMoni is providing a number of temporary workers in key vacant units in Habiganj. MaMoni has received financial support from KOICA/Save the Children-Korea to provide 6 paramedics in Shibpasha and Kakailseo unions of Ajmiriganjupazila. Table 2 shows the breakdown of the temporary workers.

**Table -2: Summary of Vacant Positions and MaMoni Support in Habiganj**

	FWA vacant	HA vacant	MaMoni CHWs deployed	FWV Vacant	MaMoni Paramedics deployed
Ajmiriganj	7	3	4	1	6*
Bahubal	9	0	3	1	1
Baniachong	14	21**	8	5	3
Chunarughat	7	5	4	6	0
Lakhai	11	1	10	3	2
Madhabpur	14	4	7	5	1
Nabiganj	6	3	4	2	1
Sadar	1	2	1	3	0
<b>Total</b>	<b>69</b>	<b>39</b>	<b>41</b>	<b>26</b>	<b>14</b>

\* 6 paramedics are provided by KOICA/Save the Children-Korea to support ANC and delivery

\*\*12 HAs have been recruited, but not deployed because of a pending lawsuit in Baniachong

MaMoni is supporting the travel cost of 12 GAVI volunteers and 1 EPI porter in Baniachongupazila of Habiganj to ensure that mothers and children receive critical TT immunization and other vaccines.

## Integration of Nutrition within MaMoni package through collaboration with Alive & Thrive and Fanta 2

Alive & Thrive project of AED signed an agreement with Save the Children to incorporate infant and young child feeding (IYCF) into the MaMoni intervention package. Under this agreement, a new position of Deputy Program Manager, Nutrition was created within MaMoni to provide technical assistance. Four unions from Balaganj, Companiganj and Jaintapur have been selected and training curriculum has been developed.



*Figure 3: IYCF training in Sylhet*

Alive & Thrive (A&T) project of AED trained district team of Sylhet & upazila GOB and NGO team of Bishwanath & Companyganj upazilas on infant and young child feeding (IYCF) training modules. These trainers in turn trained 56 health workers (CHW, FWA, HA, FWV, AHI, FPI, HI) on a 2 day IYCF package.

28 GOB and NGO managers were also oriented on A&T activities and IYCF concept on a 2 day orientation. A total of 407 people were trained on IYCF in a two day orientation.

MaMoni will test integration of IYCF messages within MaMoni service delivery package in 3 unions of the aforementioned upazilas in Sylhet, and will use the lessons to integrate nutrition into Habiganj service delivery model.



*Figure 4: Demonstration of complementary food to participants in Companiganj, Sylhet*



## ***Objective 2: Increase appropriate and timely utilization of home and facility-based essential MNH and FP services***

### **Improved Quality of MOH&FW facility based providers to deliver MaMoni package**

MaMoni rolled out training on maternal, newborn health and family planning (MNH-FP), including hand washing for Habiganj service providers. Government field level workers (FWV, SACMO, MA) were trained on a five day training package along with MaMoni's paramedics hired to support vacant unions.

In Sylhet, a one-day orientation was conducted on misoprostol and micro planning activities.

**Table-3: Summary of MNH-FP Training of service providers**

Provider	Sylhet Targeted in FY'11	Sylhet Completed in Q1-3	Habiganj Targeted in FY'11	Habiganj Completed in Q1-3	Remarks/Explanation
FWV	46	28*	73	64	Some Sylhet FWVs retired and some were in training
SACMO	33	41*	23	25	
MA	23	18*	52	52	
Paramedic	X	X	X	9	Temp workers for vacant FWV unions
<b>Total</b>	<b>102</b>	<b>87</b>	<b>148</b>	<b>150</b>	

*\*1 day orientation was arranged on misoprostol and micro-planning for Sylhet service providers*

In addition, MaMoni also developed a 4 day orientation manual for doctors and nurses, which will focus on secondary level care and referral for complications.

### **TBA training in Habiganj**

MaMoni has identified 20 high volume TBAs from each union in Habiganj and developed training curriculum on clean delivery, hand washing and essential postnatal care for mothers and newborns. Use of misoprostol is also part of this curriculum. Master trainers (62 FWVs, 85 CSBAs) have been trained, and the training is being rolled out in Habiganj since January and is continuing till date. In total 1,862 TBAs have been trained in Habiganj on clean delivery, hand washing and essential postnatal care for mothers and newborns. Use of misoprostol is also a part of this program.

At the end of the training, a TBA is given a laminated card with the phone numbers of the FWAs, FWVs and volunteers of her respective community, and instructions on how to refer. TBAs have already begun to refer mothers and newborns with complications.

In Sylhet, TBAs have been oriented by unit level meeting on misoprostol and family planning. Through monthly meetings, at least 15 TBAs from every union in Sylhet(3,431 total) have already been oriented.



## Misoprostol distribution in collaboration with VSI and EngenderHealth

MaMoni began distribution of misoprostol in all 7 upazilas of Sylhet and all 8 upazilas of Habiganj with technical support from EngenderHealth. Venture Strategies International, through a local procurement arrangement, has made misoprostol available for MaMoni for the duration of the project.

Three distribution options are being promoted. Mothers at their third trimester are receiving misoprostol tablets from FWV at satellite clinics or FWC. If mothers do not attend ANC, misoprostol is also made available at the community clinics through HA/FWA. If mothers are unable to avail either options, FWAs are expected to provide misoprostol to mothers at home. During postnatal visit, CHW or FWA follows up on usage, and collects unused and used misoprostol catch covers.



**Fig 5: A Mother who took Misoprostol Immediately After Delivery with her 10 Day old Child at Chairakhel Village, Pubo Jafflong Tea Garden on August 17, 2011**

17,720 pregnant women received misoprostol during FY11. Amongst them 14,522 women already delivered. 85% of these recent mothers consumed Misoprostol immediately after births, and 87% of these recent mothers could return the used Misoprostol catch covers. None of the mothers who consumed Misoprostol, exhibited symptoms of PPH after taking the drugs.

## Facilities Identified and to be strengthened to deliver MaMoni package

MaMoni in partnership with RTM International assessed all health facilities of Habiganj in the second quarter. 28 data collectors were trained to assess service availability, human resources, equipment, drugs, infection prevention set up, toilet, electricity and water supply arrangement and general condition of the health facilities through a combination of structured

questionnaire and key informant interviews.

Following the facility assessment, these FWCs were selected for renovation and repair work:

At Jagadishpur and Shajahanpur FWC in Madhabpur , water supply was ensured.

Shibpasa and Kakailseo FWC and AjmiriganjUpazila Health Complex of Habiganj is being refurbished with \$280,000 of KOICA funding. Under this agreement, the UHC and 2 FWCs will be refurbished and 6 doctors and 4 paramedics will be recruited to support round-the-clock operation of these facilities. MaMoni has also started training of 20 private cSBAs to conduct delivery at home. At Shibpasha FWC in Ajmiriganj, major repair work was carried out to ensure 24 hour normal delivery services. A labor room, water supply and uninterrupted power supply has been ensured at the FWC. MaMoni has already

recruited three paramedics to provide 24 hour services from this facility. A referral network has been established and for any complications, the paramedics will refer the cases to AjmiriganjUpazila Health Complex and Habiganj District Hospital. At Kakailseo FWC, similar work is almost complete.

The Murakuri FWC in Lakhai is still undergoing major renovations to make it into a 24 hour facility for normal delivery.

### Quality Improvement (QI) tools and approach developed

MaMoni is introducing a quality improvement (QI) system in select health facilities of Habiganj. Standards Based Management and Recognition (SBM-R) approach, introduced by JHPIEGO in other countries, will be tested based on existing national standards and guidelines. An international consultant supported by JHPIEGO developed the tools and approaches for district, upazila and union level health facilities.

District level consultation with managers and service providers, and national level consultation with professional bodies were conducted in May to ensure compatibility with national guidelines. The tools are being translated, and shared with other partner organizations for feedback. The approach will be implemented in 14 health facilities in phase 1 from October 2011. Figure 9 shows a sample standard with the associated verification criteria.

The SBM-R approach can be used as a job aid as well, and can help health workers in identifying gaps in their health facilities.

PERFORMANCE STANDARDS	SCORE	VERIFICATION CRITERIA	YES	NO	N/A <sup>1</sup>
14. The provider properly disposes of the used instruments and medical waste after assisting the birth.		<ul style="list-style-type: none"> <li>Ensures that the baby is well covered, is with the mother and has begun to suckle within an hour of birth</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Observe one woman in the immediate postpartum and determine whether the provider or assistant (in the labor or delivery rooms), while wearing gloves:			
		<ul style="list-style-type: none"> <li>Discards the placenta in a leak-proof container with a plastic liner</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Disposes of medical waste (gauze, etc.) in a plastic container with a plastic liner</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Puts the soiled linen in a leak-proof container</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Opens (un-hinges) all instruments and immerses them in a 0.5% chlorine solution for 10 minutes</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Decontaminates the syringe and needle by flushing them three times with 0.5% chlorine solution and disposes of the needle and syringe in a puncture-resistant container, without removing, recapping, or breaking the needle</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Wipes down all surfaces with 0.5% chlorine solution</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<ul style="list-style-type: none"> <li>If gloves are disposable, immerses both gloved hands in a 0.5% chlorine solution, removes gloves by turning inside out, and places them in a container with a plastic liner;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*An SBM-R normal delivery standard with associated verification criteria*

## Water ambulance to promote ANC & PNC in remote areas



*Figure 6a: A pregnant woman after seeking ANC in a mobile clinic in Lakhai*



*Figure 6b: Mothers wait to be examined by paramedic inside the boat*



*Figure 6c: Paramedic examining a child for complications*

MaMoni received three water ambulances (engine boats) from USAID supported Title II project, Jibon O Jibika. These boats have been deployed in Lakhai, Ajmiriganj and Baniachongupazilas of Habiganj, and will be used as mobile clinics to organize satellite clinics in hard-to-reach areas, and transport mothers with complications to health facilities. The services have already started since July and many pregnant mothers are receiving ANC services and clients are receiving family planning commodities.

## Success Story: TBA Gives Gift of Life

JOYFORPUR VILLAGE, BALAGANJ UPAZILA, SYLHET: On a cold February morning of 2011, Kachni Begum, 53 received an emergency call from another TBA Rukhsana, to Sunara Begum's house. Sunara, 24 was



Photo: Kachni Begum with Sunara and her baby boy Kamran

- Balaganj Upazila,  
Sylhet

***Kachni Begum is also, a Community Resource Person/Community Volunteer and has delivered more than 400 babies in the last 2 years and proudly says "Not a single mother or child has died in my hands".***

already in labor for more than a day and a half when Kachni was called in. Kachni Begum knew her limitations and took Sazid Ali with her, an experienced paramedic, who immediately opened an intravenous infusion channel on Sunara and called for a rickshaw van to transport Sunara to the hospital for delivery. Before the van could arrive, Kachni delivered Sunara's first born, a baby boy. At the very outset, Kachni was quick to realize that the situation probably was already beyond the perimeter of her skills. Her sensible decision in bringing the paramedic along also added to the safe delivery of the newborn. From the seven-day training received from MaMoni - the Integrated Safe Motherhood, Newborn Care and Family Planning Project supported by USAID, she learnt very well that 'labor lasting more than 12 hours' is a danger sign which needs referral level care.

However, the ordeal was far from over, as the baby's breathing was restricted. The paramedic tried to resuscitate the newborn through the traditional mouth to mouth resuscitation method, but that did not help. At this point, Kachni again took over the situation and demonstrated a technique that she learnt from the training. She dried and wrapped the baby with dry pieces of cloth and rubbed his back with gentle motions for stimulation. Within minutes, the baby cried out loud bringing great sighs of relief from everyone around him. While everyone celebrated, Kachni did not forget that she had more to do; she put the newborn to the breast of the mother and showed her to keep the baby warm, wrapped from head to toe and close to her skin. She again remembered that immediate initiation of breastfeeding saves newborn lives. Among the seven Divisions in Bangladesh, Sylhet

has the highest neonatal mortality.

The first TBA Rukhsana, not trained through MaMoni, realized her mistakes: one that she did not refer the patient to the hospital after 12 hours of labor and two, she called for another TBA instead of making a referral. The paramedic Sazid Ali also admitted that he was only aware about the mouth to mouth method of resuscitation and not the effective technique Kachni displayed. Simple linkages between the formal and non-formal health delivery system have made it possible to build capacities within the community to strengthen service delivery at the grassroots level through the USAID supported MaMoni Project and make such successes happen. About 3,000 TBAs have been trained on clean delivery and

immediate newborn care, and they have been linked up with the local MOH&FW paramedics to be provided with technical oversight.

### ***Objective 3: Increase acceptance of FP methods and advance understanding of FP as a preventive health intervention for mothers and newborns***

#### **FP incorporated into household and community mobilization activities**

All FWAs, HAs and CHWs have been trained on FP both in Habiganj and Sylhet. This is the first time Health Assistants have been trained on FP and will play a key role at the community clinic level for FP counseling and referral.

All the 3,867 voluntary Community Action Groups (covering 60% of villages, 85% in Sylhet and 40% in Habiganj) are also oriented on FP and promoting FP adoption. Around 40% of these groups are male groups and 25% are mixed group (both male & female). Therefore, male involvement in FP has significantly increased due to MaMoni intervention. The CAGs are using pictorial tools as shown in Figure 10.c to promote birth spacing and family planning in their communities. Male involvement in family planning has resulted in increased use of LAPM methods.

MaMoni has conducted a rapid assessment in Sylhet to document changes in contraceptive acceptance and use.





## FP Exposure Visit for Habiganj GOB FP Team

GoB FP officials from Habiganj visited Sylhet MaMoni project. During their visit they observed MaMoni project activities at Biswanath and Jaintapur upazila. Mr. Abusobahan, UFPO of Sylhet Sadar upazila explained the team how MaMoni project has been collaborating with GoB health and family planning departments since inception of the project.

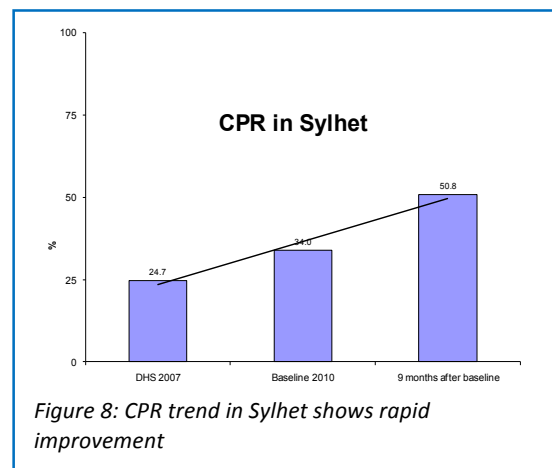
Another exchange visit to Chowgacha Health Complex in Jessore was organized for a 12 member GO-NGO team (8 UFPO & 4 MaMoni staff) of Habiganj in mid-September. Chowgacha Health Complex of Jessore District is a model of MNH service delivery within the existing system both in the country as well as abroad. The objectives of organizing the exchange visit by MaMoni was to learn and exchange approach, initiative, service utilization, resource management, involvement of community and local government in administration to ensure effective maternal, newborn care and FP services through the existing health system

## FP Client Segmentation Meeting and Coordination Meetings

A client's segmentation program was organized by the district Family Planning Department at Biswanath Upazila, Sylhet in August to promote client referral for each field worker for increasing permanent methods acceptance rate. Coordination meetings were held with the family planning department at Gowainghat Upazila and CHWs, CMs, CSMs and FSOs including the Upazila Team Leader from MaMoni. Key performances of MaMoni CHWs were discussed and UFPO appreciated contribution of CHWs specially those who are working in FWA vacant units.

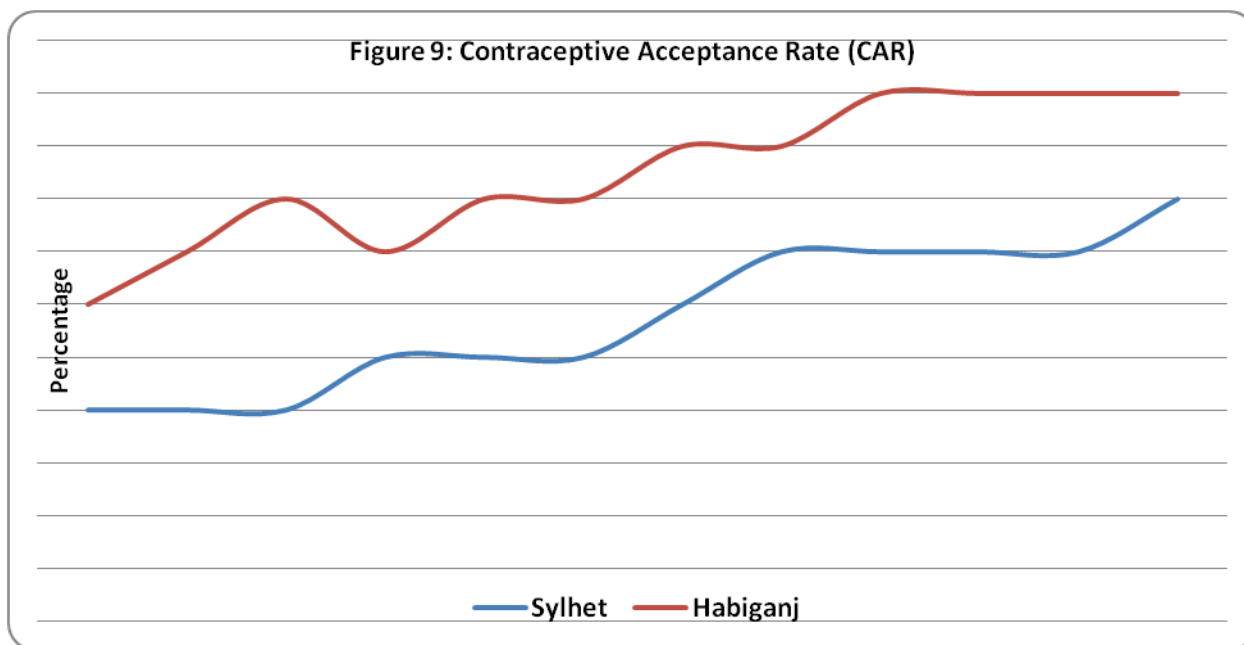
## Rapid Assessment of FP progress in Sylhet

MaMoni conducted a rapid assessment in Sylhet in May with support from Associates for Community Population Research (ACPR) to document changes in contraceptive acceptance and use. As shown in Figure 8, a multi stage cluster survey of 476 mothers (the same sampling frame used in the baseline survey) showed a rapid 14% increase in contraceptive prevalence rate (CPR) after just nine months. As the intervention becomes mature, MaMoni expects to further increase the CPR in the next six months.



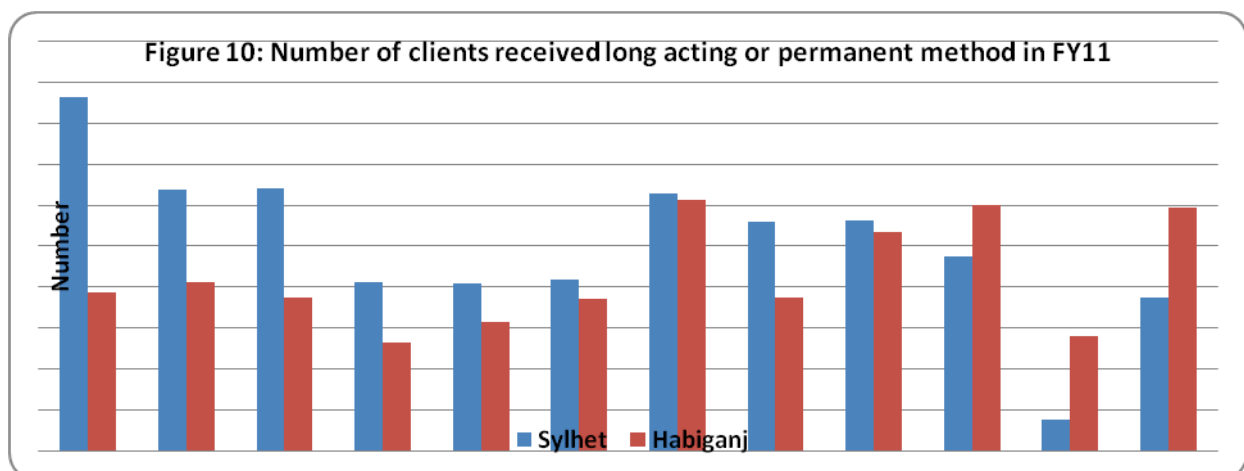
## FP service delivery strengthened and coordinated

Figure 9 shows the gradual increase in CAR in both the districts.



### MaMoni contribution to LAPM

In Sylhet and Habiganj, MaMoni workers, volunteers and community members have contributed significantly to increase use of LAPM methods. The figure 10 below shows the number of clients received NSV, tubectomy, IUD and implants during FY11.





### Success Story: Changing the Mind-Set



Photo: Abul Kalam Azad (left) counseling a community member on FP

BIRAIMARA VILLAGE, JAINTAPUR DISTRICT, SYLHET: AbulKalam Azad, 25 and unmarried, was unaware about the real meaning of family planning. When community mobilization activities started in the village through MaMoni's, integrated safe motherhood, newborn care and family planning project, AbulKalam was selected as a Community Volunteer/Community Resource Person (CRP). He participated in CRP orientation trainings and at various levels gained knowledge about maternal health, neonatal health and family planning. In two years, this USAID-supported project was able to change the mind-set of the community people such as AbulKalam's.

When Kalam compares his previous perception of family planning to his new found knowledge, he realizes how weak and wrong his thoughts were and feels the need to bring the rest of the community out of that fixed mind-set. Kalam realizes that family planning is not about depriving an unborn life to come into this world, but the actual opportunity to ensure a good life for that child. He

also understands that accepting the right family planning method improves the lives of both the mother and the child and may also help society pave their way out of the poverty cycle.

Kalam now provides counseling and encourages the community to accept different methods of family planning and hopes to change their perspective, the way his changed. He has referred many men for vasectomies but his work does not stop at referrals. He himself takes members of the community physically to the facilities. AbulKalam's desire is to spread the concept of a healthy family in the villages and everyone there is also excited to see that happen.

## ***Objective 4: Improve key systems for effective service delivery, community mobilization and advocacy***

### **Joint Supervision Visits to improve Service Delivery**

MaMoni planned to conduct 540 joint supervision visits (JSV) in FY'11 with the Master Trainers and district level technical resources. During the reporting period, 266 JSVs were conducted at different level of health facilities. Because of MNH-FP training and orientation for service providers in all 15 upazilas, the supervision visits were affected. Furthermore, some of the Master Trainers have transferred or retired, reducing the pool of supervisors available for this visit.



*Figure 11: JSV in Gopaya union of Habiganj Sadar*

### **Development of Supportive Supervision Modules and Training**

The supportive supervision training curriculum development workshop was conducted at the conference room of Civil Surgeon Office, Habiganj in February 2011. The objective of the workshop was to get inputs from GoB Health and Family Planning supervisors on supportive supervision module. Upazila Health and Family Planning Officer, Upazila Family Planning Officer, Medical Officer (MCH-FP), Family Welfare Visitors, Sub Assistant Community Medical Officers and Family Planning Inspectors participated in the workshop. 98 Supportive Supervision Training was conducted.

In the month of September, a total of 98 GOB Supervisors (AHI, HI, FPI) received the training which was organized at SHIMANTIK Training Center, Sanchaita, Uposhohor, Sylhet in a few batches. The Supportive Supervision Training was facilitated by a National NGO based in Dhaka called PHD that MaMoni hired for this purpose.

### **Micro planning meetings introduced to increase service coverage**



MaMoni has introduced micro planning at the ward/unit level where the CHW, FWA and HA jointly develop action plan to ensure universal coverage at the unit level. MaMoni volunteers from selected villages also attend the meetings and share their village level information. The supervisors (FPI, AHI, HI) also attend meetings and update their monthly report.

*Fig 12: An ongoing Micro Planning Meeting*

September, 2011

| October 31,  
2011

16

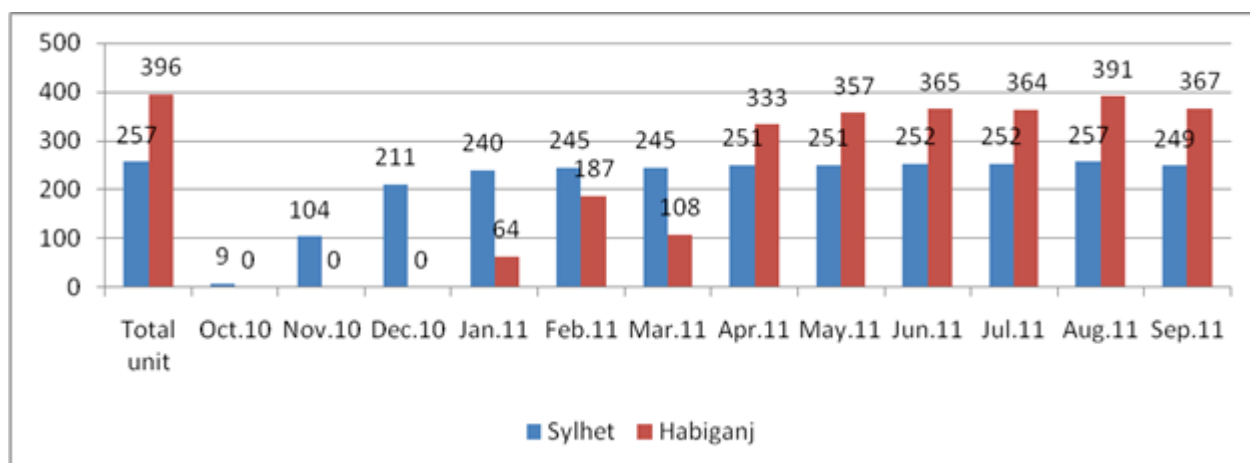


Figure 13: Micro Planning Meetings

There are a total of 257 units in Sylhet and 396 units in Habiganj and one micro planning meeting is envisaged to be held in each unit per month. Between October 2010 and September 2011, the number of meetings increased from 9 to 249. The graph above shows, in both and Sylhet and Habiganj, almost 90% of FP units held micro-planning meetings in the month of September, showing a wide acceptability of these meetings from government outreach workers.

#### Support to DGFP to conduct maternal and neonatal death audit in Habiganj

MaMoni has supported DGFP in training upazila FP officers of Habiganj in conducting maternal death audits at the community level. This data is compiled at the district level and sent to DGFP for review and appropriate actions.



Figure 14: Mr Tauhidul Islam Bhuiyan, UFPO-Sadar conducting maternal death audit in Lukra union of Habiganj Sadar with MaMoni's Jesmin Akhtar

#### Supports to FP-MIS for FWV register revision

MaMoni organized a consultation meeting on May 26 with Habiganj district FP officials and FP service providers to review the different registers used by an FWV. Field observations suggested that it was difficult for FWVs to update satellite clinic information because they are expected to carry multiple heavy registers. The team, including the DDFP, district FP manager, identified 13 registers for FWVs to

fill out, with a lot of duplication and overlap of information, making meaningful monthly reports nearly impossible. Subsequent consultation with DGFP MIS unit led to a piloting of a “streamlined” set of registers in Poil union of Sadarupazila. Discussions are underway for DGFP-MIS unit to use the lessons from this intervention to revise their national forms in the next revision, planned in the second quarter of 2012.

### **Union Health and Family Planning Standing Committee Strengthened**

MaMoni is supporting local government bodies (union parishads) to organize regular meetings on health and family planning issues. The union health and FP standing committee is expected to meet bimonthly. In Habiganj, union parishad elections were held in May and June, and new members came on board. This disrupted the regular meetings. MaMoni is in the process of establishing linkage with the new elected bodies and sensitizing them on MNH-FP issues.

### Case Study: Micro-planning Meeting Improving Coverage of Services in Sylhet

Mira Rani Roy, 42, had difficulty covering her working area in Unit 1/Kha of North Ranikhal union of Companiganj upazila of Sylhet. As an FWA, she is expected to visit every household in her area every two months. But often, she did not get timely information about pregnancies and births in her area. She is excited about microplanning meetings organized by MaMoni, because it now allows her to serve all mothers and babies efficiently.

On December 13, Mira sat down with Sunirmal Bhim, 42, HA of her ward for the second micro planning meeting at Lamagram Govt. Primary School. Both their supervisors were present along with MaMoni's CHW. Most importantly, there were six volunteers from MaMoni's community groups, who brought their own registers and data from their villages to aid these two workers. Together the team updated the lists of eligible couples, pregnant women and newborns. The lists included women who received ANC or did not go, women identified as at risk, mothers who received misoprostol, mothers who received PNC visits, newborns with complications, etc.

Mira said, "Now I am getting all actual information from CRPs (volunteers of MaMoni) through the micro planning meeting. Day by day numbers of clients is being increased, but I am comfortable to ensure quality services for all of them." The micro planning meeting followed the regularly scheduled EPI session, conducted by Sunirmal and Mira, and required only two additional hours on that day.

Mujibur Rahman 45, a volunteer of MaMoni participated in the meeting. Mujib said, "We are working at the community level, collecting and sharing information with HA and FWA. We are trying to support them, so that they can ensure services for mothers, newborns and clients." He takes the initiative as positive and thinks it will sustain in their community.

In Sylhet, there are 6,483 volunteers working with MaMoni. Through this micro planning meeting, this network of volunteers can help in ensuring timely notification leading to increased coverage of essential services for mothers and newborns.



Micro planning meeting in Companiganj

## Objective 5: Mobilize community action, support and demand for the practice of healthy MNH behaviors

### Community Volunteers given responsibilities of community mobilization

MaMoni's new community mobilization strategy relies on using Community Volunteers (CVs) to organize the CM activities. In Sylhet CVs of mature groups (Category A) have been handed over the responsibility of community group. The figure below illustrates the proportion of groups that are currently being run by CVs.

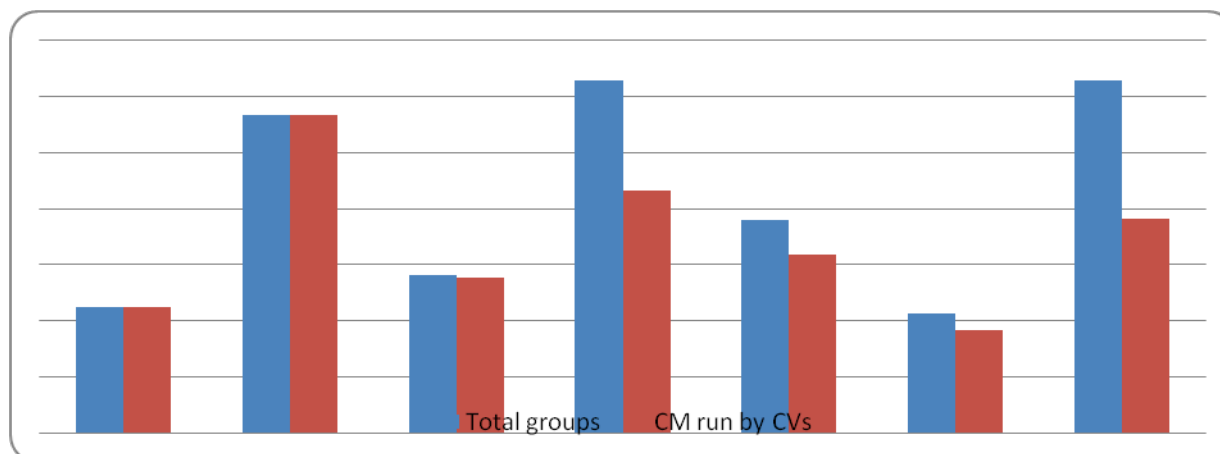


Figure 15: Number of community groups run independently by volunteers

2,924 Community Action Groups (CAGs) have been formed in 1,512 villages, covering 85% of the villages in the district. More than 80,000 community members participate in these groups, about 50% of whom are female.

### Community Mobilization rolled out in Habiganj

In Habiganj, community mobilization activities have started in all unions. 6,955 volunteers (CVs) have been selected with active involvement of the Union Parishads (UP). These volunteers are being oriented, and will have the responsibility of forming and running Community Action Groups (CAGs).

In 891 villages, 943 CAGs have been formed with more than 20,000 members covering 40% villages in Habiganj. 89% of these CAGs have arranged emergency transport, 83% have their own emergency funds, and 26% percent have already utilized funds to support mothers and newborns.



Figure 16: A CM meeting with Upazila members



### Local government engaged in CM activities

All 77 of the Union Parishads of Habiganj participated in the CV selection process. In some of the CAGs, the UPs also donated money to the emergency funds.

In Companiganjupazila of Sylhet, 6 Union Parishads donated 30,000 Taka to buy medicine for 2 new satellite clinics. These satellite clinics were established by 10 CAGs in partnership with an SSFP partner NGO to serve the mothers and newborns of the remotest corners of the upazila.



Figure 17 : New satellite clinic in Companiganj bringing critical services to mothers

### Support to Community Clinic Initiative to reinvigorate CG/CCMG meetings

MaMoni is supporting the local community clinics to organize local level community group (CG/CCMG) meetings. There are 101 community clinics in Sylhet and 173 in Habiganj. Each community clinic is expected to have one community group (CG, previously CCMG) to oversee service availability, and three community support groups (CSGs) to promote services within community. MaMoni is facilitating the CGs to meet regularly on a monthly basis.

In Habiganj, 106 community groups are functional, even though they don't meet every month. MaMoni, through advocacy meetings and CAG initiative, have activated 49 of them.

### Upcoming Conference on Community Engagement

MaMoni is planning to organize a conference on community engagement in October. In preparation, three studies were commissioned to document achievements in three key thematic areas:

- Role of community action groups (CAGs) in improving MNH situation
- Institutionalization of CAGs for improving MNH situation
- Role of volunteers in improving MNH situation



Department of Anthropology, Shahjalal University of Science and Technology, and Partners in Health and Development (PHD) conducted independent studies. The draft reports are available. Findings from these documentation will be presented in the CM conference.

The bigger objective of the upcoming conference is to bring together various stakeholders working with the communities to share best practices and lessons learned and to better understand how to support and contribute to the Community Clinic Management Group (CCMG) in Bangladesh.

### Religious Leaders oriented in Bahubal

130 Imams from Bahubalupazila of Habiganj participated in half day orientations in 5 batches on MNH-FP during the month of June and July. In this orientation, they learned about the causes of maternal and neonatal deaths, and the audit results of the four (4) maternal deaths and six (6) neonatal deaths that occurred in Bahubalupazila. Moulana Nurul Amin, *Khatib* of Abdullahpur Jame Mosque, and chairperson of the event, along with others, pledged to discuss MNH issues in the Friday sermons, and support MaMoni in every way.



Figure 18: An Imam in Bahubal exchanging views

## Objective 6: Increase key stakeholder leadership, commitment and action for these MNH approaches

### Global Hand washing Day observed (Oct 15)



MaMoni observed the Global Hand Washing Day 2010 in collaboration with government departments, development organizations, and local government elected bodies both in Sylhet and Habiganj. There were education activities on proper handwashing methods involving 29,596 students in 161 primary schools. 698 school teachers attended the program. They demonstrated before the students the correct method of handwashing with soap. After the demonstration, the students practiced handwashing with soap.

## National Immunization Day (NID)s Observed (Jan 19, Feb 08)



MaMoni supported the national EPI program to observe two rounds of NIDs in January and February. MaMoni team operated 63 centers, including 6 mobile centers and vaccinated 14,385 children. MaMoni staff and CRPs extended necessary cooperation for successful observation of NID.



Figure 19: Mr Md. Kutub Uddin, Director (FP), Sylhet Division observing NID in Bishwanath upazila of Sylhet



## Safe Motherhood Day observed (May 28)

MaMoni observed the Safe Motherhood Day 2011 on 28th May jointly with GoB Health and Family Planning departments at district, upazila and union level. MaMoni organized rallies, discussion sessions, cultural events and award distribution ceremonies at the upazila and union levels. The target groups for the program were the mother in laws, pregnant women, newlywed couples and members of the families who lost their newborns and mothers.

The Upazila Health and Family planning Officer, Upazila Family Planning Officer, the Upazila Chairman and the UNO of respective upazila participated in the program along with community volunteers, TBAs, other GoB officials

*Figure 20: Clockwise from top left:  
a. Community members signing a commitment to protect their mothers & newborns in Baniachang, HG,  
b. mothers provided care at UHC,  
c. SMD rally in Bahubal, Habiganj,  
d. folk songs promoting maternal health messages, and  
e. mothers get-together at upazila level*



and field workers, representatives from Union Parishad and NGO workers.

### Participation in National Breastfeeding Week Inauguration

The national theme of this year's Breast Feeding Week was "Everyone Should Say This, That Infants Should Have Mother's Milk And Meals Prepared At Home", which highlighted the key role, communication plays in promoting proper feeding practices. This inauguration ceremony was organized by the Bangladesh Government jointly with various development partners, including Save the Children. Representatives from MaMoni and HBB participated in the event. Effective communication between the health system, including all healthcare providers, communities and the extended family is key to ensuring successful breastfeeding and better health of the children.

### MaMoni model shared with USAID partners



*Figure 21: SMC and SSFP partners observing a CAG meeting in Balaganj, Sylhet*

MaMoni hosted a USAID partners meeting in Sylhet on April 29. Theme of the meeting was community mobilization. MaMoni and other projects shared their experiences in working with community groups and resource persons.

Six participants from USAID, WRA,B, SMC and SSFP also visited field sites in Balaganj and Gowainghatupazilas and observed male and female community group meetings and micro-planning sessions.

## World Population Day Observed (11 July, 2011)



Figure 22: World Population Day Rally

MaMoni observed the World Population Day 2011 on July 11, 2011 jointly with GOB Family Planning department. The MaMoniUpazila team organized and participated in a rally and discussion sessions with GOB officials and local government bodies.

## Collaboration with White Ribbon Alliance

### Video Story on LakhaiUpazila

Journalist ShahnazMunni of ATN Bangla prepared a video story on Lakhaiupazila of Habiganj for a talk show with White Ribbon Alliance, Bangladesh. The talk show aired on ATN Bangla on November 2010. MaMoni supported her to collect stories on the challenges of providing maternal health in remote areas. MCHIP, through USAID field funding is supporting WRA,B to implement their strategic plan.



Figure 23.a: Full page newspaper supplement on breastfeeding published on the Daily Star observing Safe Motherhood Day 2011



Figure 23.b: Safe Motherhood Day TV show, with (from Left): Prof. FarhanaDewan, Dr. MoniraParveen, UNICEF, Ishtiaq Mannan, Ms. MeherAfrozChumki, Member of Parliament, and ShahnazMunni, journalist

MaMoni supported WRA in observing Safe Motherhood Day. Ishtiaq Mannan, COP, MCHIP contributed an article in the full-page supplement published in Daily Star, and also hosted a talk show broadcast on ATN Bangla on that day.



## Capacity and Skills Building Workshop for WRA

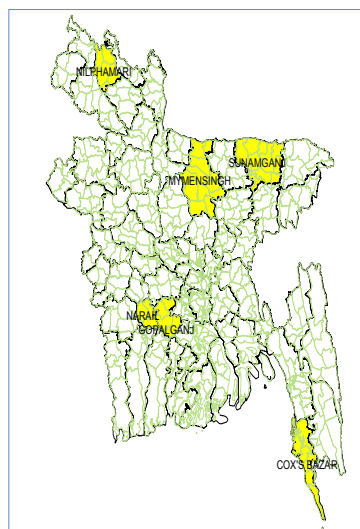


Figure 24: Capacity and Skills Building

Dr. Ishtiaq Mannan, Chief of Party MCHIP, Dr. Farhana Ahmad, National Coordinator, WRA,B, Mr. Toslim Khan, SMC, Dr. ShabnamShahnaz, freelance consultant and Dr. Malay Mridha, ICDDR,B represented the Bangladesh team in a capacity and skills building workshop focused on the elements of successful WRA National Alliances held in Bali, Indonesia from July 11 to 15, 2011.

## Collaboration with Helping Babies Breathe

First phase HBB Training Conducted in the Following Districts



Helping Babies Breathe (HBB) initiative has been developed to reduce newborn mortality by expanding high quality, affordable newborn resuscitation training materials and devices, improving the competence of the birth attendants and strengthening health systems. In the context of country's initiatives to achieve MDG4 targets HBB scale-up plan has been developed to train all SBA's and equip all public health facilities as well as the community SBA's. The program is working in partnership with MCHIP through Jhpiego Corporation and Save the Children USA along with Bangabandhu Sheikh Mujib Medical University (BSMMU). In addition, the Ministry of Health and Family welfare and UNICEF is also playing important roles in implementing program activities at the national and local level.



Figure 25: HBB Training at MMCH in September

The Helping Babies Breathe (HBB) Initiative conducted trainings for 66 units in 11 steps, each step consisting of 6 districts or city corporations. Altogether 13 Coretrainers were developed; 57 master trainers and 222 trainers were completed. Total 1,461 SBAs including district and upazila level doctors, nurses, FWVs and the community level SBAs of 6 districts (named Mymensingh, Sunamganj, Nilphamari, Narail, Gopalganj and Cox's bazar) of step-1 and SSFP (USAID funded NGO service network) were trained to improve their capacity to manage birth asphyxia and to provide immediate newborn care like drying, wrapping, breastfeeding, cord care and delayed bathing at the facilities and in the communities to reduce neonatal mortality and future disability resulting from birth asphyxia. Necessary resuscitator (Bag & Mask) and sucker were provided to the facilities and to CSBA in coordination with UNICEF and Directorate General of Health Services. Guideline for a national working committee for HBB scale up has been formed and received ministry approval. Flip charts and communications materials have been adapted and printed for local use.

### Collaboration with Healthy Fertility Study

An operations research activity, entitled “ The Healthy Fertility Study” is testing an integrated model of community-based maternal and newborn care and postpartum family planning. The study was designed to address the unmet need for contraception in the postpartum period in Sylhet division and to contribute to local and global learning about effective FP programming, particularly in the postpartum period, in an integrated context. HFS commenced in 2007, and is following 2,247 enrolled women in four intervention unions and 2,257 in four control unions in Sylhet district longitudinally from pregnancy to three years after delivery at eight points in time (late pregnancy, three months, six months, 12 months, 18 months, 24 months, 30 months, and 36 months postpartum).

In this reporting period, CHWs achieved high coverage of one-to-one household counseling visits in both intervention and comparison areas. In the intervention area, CHWs reached 2331 eligible women (83.1% coverage) in the pregnancy visit, 2410 women (82.1% coverage) in 29-35 days postpartum, 2980 women (87.5% coverage) at 2-3 months postpartum, and 2987 women (87.4% coverage) 4-5 months postpartum. Similar rates were achieved in the comparison area: CHWs reached 1940 eligible women (81.6% coverage) in the pregnancy visit and 2150 women (91.3% coverage) at 29-35 days postpartum. Also in this reporting period, the CHWs distributed oral contraceptives to 388 women, condoms to 170 women, follow up doses of injectables to 233 women. There were 6,026 community mobilization meetings conducted for 15,724 pregnant and postpartum women, mothers-in-laws, and female family members and 11,616 husbands, fathers-in-laws, and male family members, and 198 ward level advocacy meetings were held with influential community and religious leaders to garner support and educate on key study messages. Data collection at 24, 30 and 36 months postpartum continues. Data collection for the 12 and 18 month postpartum surveys was completed, and the report for the 12 month postpartum survey was finalized and disseminated.

### Support to GOB-OIC-USG collaboration

MOH&FW, USAID, Save the Children, and Engender Health jointly organized a day long Stakeholders’ Consultation Workshop on GOB-OIC-USG Collaboration on Maternal and Newborn Health on February 8, 2011 at Hotel Lake Shore, Gulshan, Dhaka. The objective of the workshop was to glean ideas and options to develop a collaboration framework between the Organization of Islamic Conference (OIC) and the United States of America for maternal and newborn survival in the context of Bangladesh.

Based on this framework, MaMoni is supporting development of Standard Operating Procedures (SOPs) on various MNH areas for all levels of health facilities. This is being developed to strengthen maternal health services in the country. RH unit under the guidance of Director-PHC and LD-ESD has held informal consultations and decided to have wider stakeholder consultations to engage all to move forward with a defined time line. UNICEF has also included SOP development in their work plans.

In the last quarter, a National Technical Committee (comprised of 21 members) Review Meeting was held, where a number of important decisions were made. At the National Technical Committee Review

Meeting, a number of key decisions were made. It was decided that the number of members in the committee will be increased from 21 to 23, review of the Maternal Health Strategy (MHS) and the SOP will be done simultaneously and the committee will approve 5 technical sub-committees for the review of MHS and SOP.

#### **Collaboration with JICA-SMPP on Habiganj District Hospital**

JICA-SMPP project is in the process of introducing 5S/Kaizen/Total Quality Management (TQM) process in Habiganj District Hospital. MaMoni participated in a workshop held on June 10 to share the concepts of 5S/Kaizen/TQM. MaMoni also has allocated funds to support the district hospital. MaMoni and JICA will coordinate their activities to avoid duplication in investments.

#### **Participation in America Week 24-26 January 2011**

MaMoni participated at the America Week held in Khulna from 24-26 January 2011. MaMoni strategies and tools were displayed from Save the Children's stall. The US Ambassador, Mission Director, Head of OPHNE and CTOs visited SC's stall with the Mayor of Khulna City Corporation. America Week was a good opportunity to share with government and the Khulna public as well as donors and national/international NGOs, the work that MaMoni is doing in Sylhet in MNH-FP.

#### **Collaboration with Mobile Alliance for Maternal Action(MAMA/ former M4H)**

Mobile Alliance for Maternal Action (MAMA) initiative is expected to harness the power of mobile technology to deliver vital health information to new and expectant mothers. Bangladesh is one of three countries where this program is being implemented. Pregnant and recently delivered mothers can register to receive critical health messages bi-weekly through their mobile phones.

Content for the messages were produced by 36 experts in March 2011 and final approval was received in May. Balaganj and Gowainghat are two MaMoniupazilas where the intervention is being piloted before national scale-up. D.Net, a local non-profit conducted a two (2) day workshop on April 25 & 26 in Sylhet to train 14 community health workers from the aforementioned upazilas. These health workers are helping mothers subscribe to the service. In addition, MAMA is carrying out a campaign in three health facilities in Balaganjupazila: upazila health complex, Goala Bazar FWC, and Tajpur SSFP clinic.

#### **Collaboration with FANTA-2 on Essential Nutrition Action**

Food and Nutrition Technical Assistance-2 (FANTA-2), conducted a need assessment in Habiganj in the month of August. Seven components of Essential Nutrition Action (ENA) were assessed at all service delivery levels, including community (husbands, TBAs). Based on the findings, FANTA-2 will support MaMoni in ENA components within the Habiganj model.



### Collaboration with UNICEF for MNCS in Tangail district and sick newborn management



Figure 26: UNICEF and partner team reviewing data in Sylhet

MaMoni supported IMCI section of DGHS, with support from UNICEF and KOICA, is about to implement a package of MNCS in the Tangail district. A three member team comprising of UNICEF, ICDDR,B and IMCI/DGHS observed MaMoni interventions in Lakhai, Habiganj and Balaganj, Sylhet. UNICEF will introduce community mobilization and micro-planning components within their program. A training course for doctors on ETAT (Emergency Triage and Treatment) and sick newborn care, with support from

MaMoni during 25-29 September, 2011 at Milon Hall, took place at BSMMU, Dhaka. The Civil Surgeon/Deputy Director Family Planning was responsible for the selection of the participants as well as to ensure their participation. The participants were all UH&FPO or MOMCH from various Upazilas of Sylhet and Habiganj.

### Collaboration with Unilever on Hand Washing GDA

USAID and Unilever signed a Global Development Alliance (GDA) on promoting hand washing. The objective of the partnership is to reduce neonatal mortality by increasing the action of hand washing with soap. AnilaGopal of Unilever India visited Jaintapurupazila of Sylhet to observe MaMoni intervention components. In September, MCHIP Bangladesh proposed activities for Global Hand Washing Day and further long term plans. Unilever accepted the proposal of developing materials for MaMoni with newborn messages for TBAs, pregnant mothers, school children in MaMoni working areas and the community action groups. Other plans will be discussed after observation of Global/National Hand Washing Day.



Figure 27: Anila Gopal of Unilever discussing hand washing practices with a new mother

ICDDR,B, with support from MCHIP is conducting a formative research in Habiganj in July to understand community practices surrounding hand-washing. Data collection will be complete by the first week of November 2011 and the report is to be ready by end of January 2012.

## Project Management Activities

### Internal Program Review conducted

Pat Daly and Joseph Johnson from MCHIP/Save the Children in Washington conducted an internal program review. Kazi Moksedur Rahman and Zahid Ahmed, two senior directors of Shimantik and FIVDB also were part of the review team. The team reviewed MaMoni process documents, observed field interventions, and met with key GOB and NGO partners to assess progress against targets and need for program alignment to utilize developing opportunities. The evaluation report is available.

### JHPIEGO RISE training for district and upazila level M&E officers

JHPIEGO in collaboration with MCHIP/MaMoni has organized a training title “JHPIEGO Results Information for Excellence (RISE) User Acceptance Testing and Training” from the 24<sup>th</sup> through the 28 April 2011 in Dhaka. The training performed user acceptance testing (UAT) of the newly delivered software that will be used for all MCHIP and JHPIEGO award results data from FY11 onward. District M&E officers and Upazila TO M&E officers of MaMoni participated in the training. Dr Muhibbul Abrar, Manager M&E also participated in RISE meeting in Nairobi.



Figure 28: RISE M&E training in Dhaka

### Coordination Meeting with DGHS held



Figure 29: Dr. Momtazuddin Bhuiyan, Director, Hospital chairing DGHS coordination meetings

The coordination meeting with DGHS was conducted at IEDCR Conference Room, DGHS on 6th June 2011. In the meeting, MaMoni strategy and progress were presented and implementation issues were discussed.

Dr. Md. Momtazuddin Bhuiya, Director (Hospital & Clinic) presided over the meeting. Professor Fatema Parvin Chowdhury, Director, IPHN, Dr. Iqbal Hossain Chowdhury, Director-Health, Sylhet division, Professor Dr. A. K. Azad, Director, MIS, DGHS, Dr. S.M

Ibrahim, Civil Surgeon, Sylhet and Dr. Md. Shafiqur Rahman, Civil Surgeon, Habiganj were present at the meeting along with other GoB officials from DGHS, representative from Alive and Thrive and the MaMoni team.



## Overall Challenges

### Turnover at MOH&FW National, Division and District level

Several key staff, who guided MaMoni intervention design and advocacy planning has left the government positions. Some key turnovers include:

- **Director General of Family Planning**, transferred
- **Civil Surgeon, Sylhet**, replaced due to retirement
- **Programme Manager, Reproductive Health, DGHS**, transferred
- **UFPO, Lakhai, Habiganj, UFPO Sadar in charge** replaced due to retirement
- **Deputy Director, Family Planning, Sylhet** replaced due to retirement
- **Programme Manager, Child Health, DGFP**, transferred
- **Director, Primary Health Care, DGHS** retired in first week of July
- **Programme Manager, Reproductive Health, DGHS**, transferred

### Rolling Out Training Programs in all 15 upazillas

MaMoni rolled out training programs in all 15 upazillas (7 in Sylhet, 8 in Habiganj) simultaneously. The training depended on the availability of Master Trainers (Upazilla H&FP managers and medical officers at health facilities). This was an ambitious plan, as many of them were not available for particular sessions due to other commitments. MaMoni staff trainers had to step in on many occasions to continue the training with sufficient quality.

### Political unrest in June

The political opposition party observed a full day strike on June 5 and again 36 hour strikes on June 12 & 13. This somewhat affected MaMoni activities on the ground, particularly in ensuring government satellite clinics and community level supervision activities. As political unrest continued through July, MaMoni has taken steps to ensure that key services remain uninterrupted.

## Annex 1. Operational Plan Indicators (October 2010- September 2011)

SI	Indicator	FY'11 Target	Achievements (Cumulative)
<b>A</b>	<b>Operational Plan Indicator</b>		
1	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	44,769	40,840
2	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities	36,774	34,750
3	Number of people trained in maternal/newborn health through USG-assisted programs	20,180	20,094
4	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	9,616	14,200
5	Number of people trained in child health and nutrition through USG-supported health area programs	501	407
6	Number of newborns receiving essential newborn care through USG-supported programs	28,138	26,543
7	Number of children reached by USG-supported nutrition programs	2,898	2,434
8	Number of women reached with hand washing messages to prevent infections during delivery with USG assistance	84,433	122,421
9	Couple years of protection (CYP) in USG-supported programs	164,561	278,330
10	Number of people trained in FP/RH with USG funds	20,180	20,094
11	Number of counseling visits for family planning/reproductive health as a result of USG assistance	1,152,565	1,562,749
12	Number of USG-assisted service delivery points providing FP counseling or services	639	744
<b>B</b>	<b>Custom Indicators</b>		
1	Number of ELCO in MaMoni intervention areas		555,261
2	Number of pregnant women identified and registered in MaMoni intervention areas		116,493
3	Percent distribution of births by place of delivery		
	Home delivery		90%
	Facility delivery		10%
4	Percent distribution of non-institutional live births by person providing assistance during childbirth		
	Delivery by trained provider		17%
	Delivery by untrained provider		83%

SI	Indicator	FY'11 Target	Achievements (Cumulative)
5	Among the recent mothers who received misoprostol during pregnancy, the percent who consumed misoprostol immediately after delivery		85%
6	Among the recent mothers who consumed misoprostol, the percent who returned the used misoprostol strip (catch cover)		87%
7	Percent of villages in MaMoni intervention areas that have a Community Action Group (CAG)		60%
8	Percent of Community Action Groups (CAG) that have representation from the nearest health facility		90%
9	Percent of Community Action Groups (CAG) with an emergency transport system		94%
10	Percent of Community Action Groups (CAG) with an emergency financing system		81%
11	Percent of Community Action Groups (CAG) that met at least once in the last month		89%
12	Percent of functional units where micro planning meeting were held in the last month		94%
13	Percent of Joint Supervisory Visit (JSV) conducted against target		49%

## Annex 2. Visitors to the project between October 2010-September 2011

Visitor	Organization	Dates	Purpose
Dr. Md. AbulHasnat	IST/DGHS	6-7 Oct 2010	Deputy Program Manager of IST section of DGHS observed MNH-FP training and field testing of microplanning meetings in Bishwanath and Jaintapurupazila
SahaBidhan Chandra	DGFP	11 Oct 2010	Deputy Director of Family Planning, Sylhet District observed MNH-FP training in Golapganjupazila
Barbara Burroughs	SC	12 Oct 2010 & 10-11 Jan 2011	Deputy Country Director of Save the Children observed MNH-FP training of Jaintapurupazila. She also visited the family of Safia Begum, CHW who died in road accident on 4 Oct 2010, and visited GOB Health Assistant and other CHWs injured in the accident.
Faiz Ahmed	DGHS	14 Oct & 7 Dec 2010	Civil Surgeon, Sylhet District observed MNH-FP training in Companyganj and Balaganjupazila.
Diana Myers	SC	23 Oct 2010	Vice President for Save the Children visited Balaganjupazila of Sylhet and observed misoprostol and FP distribution by CHW and microplanning meeting
Rae Galloway	PATH/MCHIP	23-24 Oct 2010	Nutrition Advisor of PATH visited Balaganjupazila of Sylhet and upazila of Habiganj to assess integration of nutrition within MaMoni with particular focus on maternal anemia
Md Mahmud Hasan	Ministry Of Establishment	26 Oct & 12 Dec 2010	Deputy Commissioner, Habiganj inaugurated capacity building orientation program of Community Volunteers of Lakhaiupazila, and observed MNH-FP training in Madhabpur
Md. RezaulKarim	Ministry Of Establishment	26 Oct 2010	UpazillaNirbahi Officer accompanied Deputy Commissioner, Habiganj
Iqbal Ahmed	DGHS	30 Oct 2010	Divisional Director, Sylhet inaugurated MNH-FP training in Golapganjupazila.



Md. Kutubuddin	DGFP	3 Nov & 23 Dec 2010	Divisional Director, Sylhet Division visited in Sylhet. The following month, he visited Madhabpur MNH-FP training in Habiganj
AZM NurulHaque	Ministry Of Establishment	3 Nov 2010	UpazilaNirbahi Officer of Golapganj accompanied Divisional Director, Sylhet of DGFP to observe Golapganj MNH-FP training
Md. Iqbal Ahmed	MOLGRD	3 Nov 2010	Upazilla Chairman of Golapganj accompanied Divisional Director, Sylhet of DGFP to observe Golapganj MNH-FP training
Susan Ross	USAID	Nov 2010	Consultant for USAID visited BishwanathUpazila of Sylhet observed microplanning meeting, community group meeting and household level counseling by CHW.
Md. Shafiqur Rahman	DGHS	27 Nov & 13 Dec 2010	Civil Surgeon of Habiganj observed MNH-FP training in Nabiganj and Madhabpurupazila and visited NabiganjUpazila Health Complex.
JashimUddinBhuiyan	DGFP	4 Dec 2010	Deputy Director, Family Planning of Habiganj visited
Md. AltafHossain	MOLGRD	12 Dec 2010	Deputy Director, Local Government of Habiganj observed orientation of community volunteers in upazila
ABM Jahangir Alam	DGHS	15 Jan 2011	Director, Primary Health Care and Line Director (ESD) visited Balaganj and Bishwanathupazila of Sylhet to observe CM and microplanning activities.
Ganesh Chandra Sarker	DGFP	26 Jan 2011	Director, IEM visited Sylhet FP activities
Yukie Yoshimura	JICA	15 Feb 2011	Health advisor of JICA and Ministry of Foreign Affairs of Japan representative visited Habiganj
SayakoKanamori	Japan MOFA	15 Feb 2011	
Ju-un Chowdhury	Unilever	26 Feb 2011	Brand Manager visited Balaganj of Sylhet to explore collaboration opportunities through GDA initiative
MafruhaAlam	D.Net	7 Mar 2011	Research Associate of D.Net visited Balaganj and Gowainghat to assess feasibility of launching M4Health activities
Hye-Jeong Choi	SC-Korea	27-30 Mar 2011	SC-Korea and SBS team visited Companyganj and Bishwanathupazila to document

Jung-Youn Choi	SC-Korea	22-30 Mar 2011	opportunities for further investment in newborn care in Sylhet. SC-Korea and KOICA is partnering to support strengthening of 3 health facilities in Ajmiriganjupazila of Habiganj.
Sun-mi Song	Korean Celebrity	27-30 Mar 2011	
JinHunYoo	SBS, Korea	27-30 Mar 2011	
Lee Jong Jin	SBS, Korea	27-30 Mar 2011	
Md. Niazuddin	DGFP/ MOH&FW	April 03, 2011	Director General of Family Planning visited Golapganjupazila of Sylhet to observe FP and CAG activities.
MdKutubUddin	DGFP/ MOH&FW	April 03, 2011	Director, FP, Sylhet Division accompanied the DGFP in the field visit.
Lonna Milburn	MSH	April 09, 2011	Vice President of Business and Resource Development of Management Sciences for Health (MSH) and her team visited MaMoni activities in Sylhet
Iain Aitken	MSH	April 09, 2011	
HalidaAkteer	MSH	April 09, 2011	
ZubayerHussain	MSH	April 09, 2011	
Emma Garoushe	Marie Stopes	April 09, 2011	Program Support Manager of Marie Stopes International and her team accompanied MSH team in observing field activities in Sylhet.
Emily Wyatt	Marie Stopes	April 09, 2011	
GolamRosul	Marie Stopes	April 09, 2011	
Md. AltafHossain	DGHS/ MOH&FW	April 12, 2011	Deputy Program Manager, Newborn Health, IMCI section of DGHS visited CAG meetings, microplanning sessions and other activities in Balaganj, Sylhet and Lakhai, Habiganj. UNICEF and IMCI are introducing a new MNCS program in Tangail district with KOICA support and may incorporate some MaMoni components.
Md. ZiaulMatin	UNICEF	April 12, 2011	Program Officer of UNICEF's MNCS project visited CAG meetings, micro-planning sessions and other activities in Balaganj,

			Sylhet and Lakhai, Habiganj. UNICEF and IMCI is introducing a new MNCS program in Tangail district with KOICA support and may incorporate some MaMoni components.
D M EmdadulHoque	ICDDR,B	April 12, 2011	Intervention Specialist of the Child Health Unit of ICDDR,B visited CAG meetings, micro-planning sessions and other activities in Balaganj, Sylhet and Lakhai, Habiganj.
Michael Foley	SC-US	May 10-12, 2011	Director of Health and Nutrition of Save the Children visited Sylhet and Habiganj to observe field activities.
AnilaGopal	Unilever	May 24, 2011	Global Social Mission Manager visited Jaintapurupazila of Sylhet and observed male and female community group meetings, volunteer orientation and depot holders and community clinics.
Michael McGrath	SC-US	May 29-30, 2011	New Country Director of Save the Children visited Sylhet and Habiganj and observed MaMoni field activities including micro-planning, community action group meetings and TBA orientation. He also attended the division coordination meeting in Sylhet.
Margarita Clark	SC-US	May 29-30, 2011	Outgoing Deputy Country Director of Save the Children visited Sylhet and Habiganj and observed MaMoni field activities
SheelaSinharoy	Helen Kellar International	May 31, 2011	Technical Specialist of HKI visited Chunarughatupazila of Habiganj to pre-test nutrition assessment tools
Jebunnesa Rahman	AED/A&T	June , 2011	Intervention Specialist of Alive & Thrive project visited one upazila of Sylhet to observe training to integrate IYCF messages within MaMoni
Pat Daly	SC-US	June 25-27, 2011	Senior Director, Department of Health & Nutrition of SC-US Washington office visited Sylhet and Habiganj as part of internal program review
Joseph deGraft Johnson	SC-US/MCHIP	June 25-27, 2011	Newborn Intervention Specialist, MCHIP visited Sylhet as part of internal program review

Dr. Jahangir Alam	Care Bangladesh	July	Director, Health, Care BD to observed MaMoni Activities
Md. Kutubuddin	DGFP	July 21, 2011	Divisional Director-FP, Sylhet visited Murakari FWC at LakhaiUpazila on 21 July 2011. He exchanged views with MaMoni CRPs, local elites and local government representatives.
	SC-Korea	July	A 2 member team to observe KOICA project activities such as progress and renovation at Shibpasa and Kakailseo FWCs and AjmiriganjUpazila Health Complex.
Md. Nasiruzzaman	USAID	August 9, 2011	Project Management Specialist, observed facility strengthening activities at Kakalsep U&FWC, AjmiriganjUpazila, Habiganj.
Dr. Umme Jahan Salma Meena	USAID	August 16-18, 2011	Program Management Specialist & Health Officer and team from USAID visited MaMoni activities in Sylhet.
Thibaut Williams	USAID		
Monjur Ahmed	USAID		
Md. Kutubuddin	DGFP	August 18, 2011	Divisional Director, visited MaMoni field activities at BalaganjUpazila, Sylhet to observe a family planning counseling session and commodities distribution by CHW.
Dr. Shaikhul Islam Helal	DGHS	September 10, 2011	Member Program Preparation Cell, to observe systems strengthening activities such as surveillance, updates on pregnant mothers, ELCOs, newborns and PNC visits (by providers) by CAG members at Micro Plan meetings and substitution of FWAs and HAs activities by CHWs
Esther Lwanga	Office of Health, Infectious Diseases & Nutrition /USAID	September 20, 2011	Health Research Advisor, and representatives from USAID Bureau of Global health observed MaMoni activities.
	USAID Bureau of Global Health		

### Annex 3. List of Documents Produced

Document Title	Produced by	Language	Description
MaMoni Training Manual for Service Providers/Paramedics (FWV, SACMO, HA)	MaMoni	Bangla	Training manual contains topics of MNH, FP, PPH and misoprostol, MIS
MaMoni orientation manual for doctors and nurses	MaMoni	English	Training manual contains topics of MNH, FP, PPH and misoprostol, MIS
MaMoni Supportive Supervision Training Module for Field level supervisors	MaMoni	Bangla	Training manual contains topics of supervision, monitoring, mentoring, motivation, etc